

8/20/2020

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Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

RESUBMIT-Please give
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Note: Please print this page and use it as a cover sheet. Type the fax audit number
 (shown below) on the top and bottom of all pages of the document.

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 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
 Account Number : 120000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future
 annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 THE DUDE 13400 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SECRETARY
TALLAHASSEE, FLORIDA

SUBJECT:

The Dude 13400 LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Blumenfeld

Name of Person

Firm/Company

12606 Mallet Circle

Address

Wellington, FL 33414

City/State and Zip Code

annab@annab.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Blumenfeld

Name of Person

at 516

Area Code

680-6609

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Dude 13400 LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
12606 Mallet Circle
Wellington FL 33414

Mailing Address:
12606 Mallet Circle
Wellington, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Marjorie S. Margolic's
Name
140 N. Federal Hwy #200
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33432
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE, FL

H20000288615 3
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBP

MGR

Name and Address:

Anna Blumenfeld

12606 Mallet Circle
Wellington NZ 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anna Blumentfeld by Morris Mordecai
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

H20000288615 3